

STATE OF NEW YORK

Medicaid Demonstration Project

For

Family Planning Expansion Program

I. EXECUTIVE SUMMARY

New York State is pleased to submit a waiver to the Health Care Financing Administration to support its “Family Planning Expansion Program.” This waiver, submitted pursuant to Section 1115 of the Social Security Act, will provide Medicaid coverage for family planning services to all New York State women and men with family incomes at or below 200 percent of the federal poverty level (FPL), including teens based upon their own income. Services covered under the Program will include all those for which federal financial participation is available at a rate of 90 percent.

Within the New York State Department of Health, the Office of Medicaid Management and the Center for Community Health’s Bureau of Women’s Health will collaborate to implement the Family Planning Expansion Program. It is our goal to implement the Program by the third or fourth quarter of 2001, depending on timing of the waiver approval.

The primary purpose of the demonstration program is to reduce by a minimum of five percent the number of unintended pregnancies in the State during the five year demonstration period. In addition, the goals of the project include:

- to reduce poverty and welfare dependency;
- to improve health outcomes; and,
- to reduce the public cost and societal burden associated with unintended pregnancies.

The project has been designed in accordance with the State’s philosophy of providing preventive health care for low-income New York State residents. Providing contraceptive services is a relatively inexpensive prevention strategy, which avoids unnecessary individual, family and societal burdens. The Program’s goal is healthy births through the expected reduction in the number of low birth weight infants, premature deliveries, and infant and maternal deaths attributable to unintended, mistimed, and/or closely spaced pregnancies among women whose poverty status reduces their access to health services. In addition, reducing unintended pregnancies and improving birth spacing will decrease the overall number of births supported by Medicaid funding.

The design of the project is influenced by, and consistent with, recommendations of the Institute of Medicine, Healthy People 2010, the United States Centers for Disease Control and Prevention and the Health and Human Services Office of Population Affairs which establishes guidelines for Title X supported family planning programs.

This demonstration will be unique in that, consistent with Healthy People 2010 recommendations, there will be a specific effort to address health disparities by aggressive outreach designed to reach women at the highest risk for unintended pregnancies.

II. BACKGROUND

A. Problem Definition

Although between 1987 and 1994, the proportion of pregnancies that were unintended declined in the United States from 57 to 49 percent, unintended pregnancy in the nation remains substantially higher than in other industrialized nations. During the period 1982-1986, among 15 western countries with similar reproductive behaviors, the United States ranked fourth highest in total fertility rates and had the second highest abortion rate and the highest pregnancy rate. By comparison, in 1994-95, the rate of unintended pregnancies was 39 percent in Canada and 6 percent in the Netherlands.

There is a well-established correlation between unintended, particularly unwanted, pregnancies (as distinct from mistimed pregnancies), with multiple, complex socioeconomic problems, including reduced educational attainment, poverty and welfare dependency, poor health and mental health outcomes and neglect, abuse and violence. These negative consequences of unintended pregnancies affect not only pregnant women, but also their children, partners and families. The Institute of Medicine (IOM) 1995 report, The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families, describes the negative consequences of unintended pregnancies in detail. The following is an excerpt from the IOM report:

- A woman with an unintended pregnancy is less likely to seek early prenatal care and is more likely to expose the fetus to harmful substances (such as tobacco or alcohol).
- The child of an unwanted conception is at greater risk of being born at low birth weight, of dying in its first year of life, of being abused and of not receiving sufficient resources for healthy development.
- The mother may be at greater risk of depression and of physical abuse to herself, and her relationship with her partner is at greater risk of dissolution.
- Both mother and father may suffer economic hardship and may fail to achieve their educational and career goals.
- Unintended pregnancy is associated with a higher probability that the child will be born to a mother who is adolescent, unmarried, or over age 40 – demographic attributes that themselves have important socioeconomic and medical consequences for both children and families.

A study performed by the Department of Health shows the inverse relationship that exists between age at childbearing and the frequency of adverse outcomes. When

compared to others with an age at first live birth in the 25-29 years of age range, women who had their first live birth when they were less than 18 years of age were:

- 5 times as likely to have an out-of-wedlock birth (67 percent versus 12 percent);
- 8 times as likely not to have completed high school (49 percent versus 6 percent);
- 3.5 times as likely to have a birth paid for by Medicaid or self-pay (75 percent versus 20 percent);
- 4 times as likely to have received late or no prenatal care (12 percent versus 3 percent);
- 2 times as likely to have a low birth weight infant (9 percent versus 4 percent); and
- 2 times as likely to have a short gestation infant (14 percent versus 7 percent).

In light of the serious consequences of unintended pregnancies, the IOM is supporting actions to establish a new national norm:

“All pregnancies should be intended - that is, they should be consciously and clearly desired at the time of conception.”

The importance of developing this social norm is supported in Healthy People 2010, a ten year plan of national health objectives developed by the U.S. Department of Health and Human Services. In a departure from Healthy People 2000, which primarily focused upon adolescent pregnancy, Healthy People 2010 adopts the broader perspective that every pregnancy should be intended and highlights the relationship between birth spacing and maternal and child health.

The Healthy People 2010 national goal is to increase the proportion of pregnancies that are intended to 70 percent above a baseline of 51 percent of all pregnancies among females aged 15 to 44 in 1995. The report notes “that poor or nonexistent contraceptive use is one of the main causes of unintended pregnancy” and recognizes that family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies. Family planning services provide opportunities for individuals to receive medical advice and assistance in controlling if and when they get pregnant and for health providers to offer health education and related medical care.

Another Healthy People 2010 goal is to reduce the proportion of births occurring within 24 months of a previous birth. The report states that “encouraging females of all ages to space their pregnancies adequately can help lower their risk of adverse perinatal outcomes.” Furthermore, this is critical in the adolescent population where giving birth to a second child while still a teen increases the risk of poor birth outcomes. Family planning and other health care providers can help by counseling new mothers about the possibility of becoming pregnant soon after delivery, and by helping them to obtain contraceptive counseling and supplies.

The Centers for Disease Control and Prevention (CDCP) has identified family planning as one of the top ten public health achievements of the 20th century and has noted that “access to high quality contraceptive services will continue to be an important factor in promoting healthy pregnancies and preventing unintended pregnancy in this country.”

Healthy People 2010 discusses improvement opportunities to achieve this goal, particularly those related to reducing health disparities in rates of unintended pregnancy. The report discusses special programs of outreach and education and service to hard-to-reach populations such as teenagers, racial/ethnic minorities facing language and cultural barriers, homeless and substance abusers and persons with disabilities. The report recognizes the difficulties and higher costs associated with outreach and service to these populations, but underscores the necessity of developing effective strategies to overcome barriers to services.

In addition, the report recognizes the significant amount of misinformation regarding contraceptive use and the importance of conveying accurate and balanced information regarding contraception that highlights the considerable benefits of contraception, as well as the risks.

B. Need to Expand Family Planning Services in New York State

An average woman uses or attempts to use contraceptives during a substantial portion of her life. An Alan Guttmacher Institute study indicates that less than half of insurance plans cover all methods of prescription contraceptives. In 1998, Congress proposed, but did not pass, the Equity in Prescription Insurance and Contraceptive Coverage Act (EPICC), requiring insurers who cover prescription drugs to cover prescription contraceptives and their associated costs.

Currently in New York State, a combination of public and private insurance and public grant programs offer some measure of access to contraceptives, but many low-income women neither qualify for public aid nor can afford private coverage. Out-of-pocket costs can be anywhere from \$180 to \$450 per year for contraceptive supplies alone. It is estimated that 2.6 million women in New York, including over 350,000 teenagers, are in need of contraceptive services. While publicly supported family planning clinics serve more than 430,000 women, including 115,000 teenagers, this only represents 37 percent of women and 32 percent of teenagers in need of services. New York State ranks 36th of all the states in the provision of contraceptive services to women in need of such services.

C. Current Efforts to Address the Problem

In fiscal year 2000, almost \$44 million in combined federal and State funding is available in New York to directly support the State’s Comprehensive Family Planning and Reproductive Health Program. Over half of the grant funding is from State

resources. This program provides accessible reproductive health services to low income women that are essential to meet key public health objectives including:

- reducing unintended pregnancies and the need for abortion;
- curbing the spread of STDs and HIV; improving birth spacing and outcomes; and
- facilitating early detection and treatment of breast and cervical cancers.

The program seeks to achieve these objectives by funding programs serving high need areas identified through analyses of pregnancy rates, birth outcomes and socioeconomic indicators. There are currently 63 publicly supported agencies providing services at 224 clinic sites throughout the State.

Grant funding supports the provision of services to low income, uninsured/underinsured women and men, including:

- contraceptive education, counseling and methods;
- basic preventive screening services such as breast examinations, cervical cancer screening and hypertension screening; and
- counseling and testing for HIV and sexually transmitted diseases.

In addition, programs provide health education in community settings and schools, including information about reproductive health, prevention of pregnancy and the availability of reproductive and preventive health services.

The following data from 1998 indicate the scope of the current State program:

- In 1998, over 320,000 clients received reproductive health care services in 605,000 visits, an increase of 6.2 percent in the number of clients and 4.3 percent in the number of visits from the previous year.
- Twenty-nine percent of the clients are adolescents and 58 percent of the clients are under 25.
- The majority of clients are racial/ethnic minorities; 24 percent of the clients are Black, 24 percent are Hispanic, 4 percent are other (including Asian Pacific-Islanders and Native American), and 48 percent are Caucasian.
- Almost 90 percent of program clients have incomes below 150 percent of poverty.

Since 1998, family planning services were also expanded due to the availability of Temporary Assistance for Needy Families (TANF) funding. New York State was one of the first states in the nation to use TANF funds for the purpose of reducing out-of-wedlock pregnancies. New York State's Fiscal Year 1997-98 State budget included a provision to directly transfer \$7 million of federal TANF funds from the Office of Temporary and Disability Assistance to the Department of Health. The transfer took place in 1998 in accordance with a memorandum of agreement between the two agencies.

The addition of TANF funding resulted in extended support to existing family planning services and programs to prevent adolescent pregnancy. Funds were also made available for new programs for low income women and adolescents to increase health education and provide outreach efforts in high need areas. An additional \$3 million in TANF funding, for a total of \$10 million, was allocated to family planning grant funded providers in State Fiscal Year 1999-2000.

D. New York State's Plan to Reduce Unintended Pregnancies

Building upon the success of other State initiatives, the New York State Legislature amended Section 366 of the Social Services Law [Section 366(1)(a)(ii)] to expand eligibility for family planning services to individuals with income up to 200 percent of poverty (see Exhibit A). Such services will be provided at 90 percent federal financial participation (FFP) and in accordance with a waiver necessary to receive such FFP for such services. If this waiver is approved, the expansion will provide access to Medicaid reimbursed family planning services solely based upon income. Previous Medicaid eligibility during pregnancy will not be required.

III. PROJECT DESIGN

A. Introduction

Obtaining health insurance for uninsured lower income families is a critical New York State, as well as national, priority. National studies have confirmed that lack of affordability or access to insurance represents a key issue for the working poor. Studies of the March 1998 Current Population Survey indicate that 16 percent of the population is uninsured. The occurrence of non-insurance becomes most pronounced with lower income; almost a third of persons in poverty and a quarter of persons near poverty are uninsured.

The working poor often have the greatest struggle to find affordable and accessible health care. Working in lower paying jobs where benefits are not offered, or are beyond the ability of employees to purchase, this group is at high risk of negative health outcomes and inappropriate use of medical services. Recognizing the problem of the uninsured, New York has already increased the percentage of low-income families with health coverage through a variety of Medicaid initiatives.

- **Medicaid Eligibility for Pregnant Women and Infants**

The Medicaid income limit for low-income pregnant women and infants was raised, as of November 1, 2000, to 200 percent of the federal poverty level.

- **Family Health Plus**

New York State has proposed an amendment to its existing 1115 “Partnership Plan” waiver to expand Medicaid coverage and provide comprehensive health care coverage to individuals, 19-64, who are not eligible for Medicaid based on income and/or resources. HCFA approval of the 1115 waiver request is pending. Eligible individuals cannot be in receipt of equivalent health care coverage or insurance, and must live in families with gross income at or below 150 percent of the FPL for adults with a child under 21 (effective October 1, 2002) and for childless adults with gross incomes up to 100 percent of the federal poverty level.

- **Expanded Coverage of Children**

- A) Medicaid

Effective January 1, 1999, New York State provides 12 months of continuous Medicaid coverage for children up to age 19 once the child is determined to be fully eligible. New York also increased eligibility levels for children between 15 and 19 years of age to 100 percent FPL.

State Law also provides for an expansion from 100 to 133 percent of the federal poverty level for children age 6 up to age 19. The expansion is contingent upon HCFA’s approval of a State Plan Amendment requiring mandatory enrollment in managed care for these children or upon the State reaching 50 percent statewide enrollment in managed care under the Partnership Plan.

- B) Child Health Plus

New York State also expanded eligibility for, and services provided under, the Child Health Plus Program. As of January 1, 1999, gross income levels were increased from 220 percent to 230 percent of the federal poverty level. On July 1, 2000, income levels were again increased to 250 percent of the federal poverty level. All co-payments for services were eliminated for children in families with incomes under 160 percent FPL. Expansions to the benefit package began on February 1, 1999 and include the following additional services: inpatient mental health, speech and hearing services, dental, vision care, non-prescription drugs, durable medical equipment, and an increase in outpatient mental health visits to 60 visits per calendar year.

B. Target Population

New York State has an estimated population of 18.5 million. There are approximately 4.1 million females and 4.0 males between the ages of 15-44 living in the State.

New York's population is racially and ethnically diverse. According to the 1996 Current Population Survey, 76.6 percent of the general population is White, 18.3 percent Black, and 5.1 percent self-identified as "Other." Moreover, 15.1 percent of the white and non-white population is Hispanic. About one-third of all New York State families have incomes at or below 185 percent of the Federal Poverty Level.

Preliminary data from New York State's Pregnancy Risk Assessment Management Survey (PRAMS), indicates that in 1998, over one-third of the mothers who responded to the survey reported that their pregnancy was unintended (35.3 percent). While the rate of unintentional pregnancy was lower than the previous year (38.4 percent), the trend over the past six years has remained fairly stable. Groups at highest risk for an unintended pregnancy in 1998 include: women under the age of 20 (84.1 percent), Black women (62 percent), women with less than a high school education (53.6 percent) and women who were not married (66 percent).

In addition to the State's general concern for the need to expand family planning services, the State has identified specific communities in need of family planning services. A set of nine risk indicators normally associated with unintended pregnancies and poor socio-economic status was used to rank the communities. These indicators are:

- Pregnancy rates for adolescents 15-19
- Birth rates for adolescents 15 to 19
- Abortion ratio for adolescent 15-19
- Abortion ratio for women 15-44
- Low birth weight rate (percent)
- Infant mortality rate (percent)
- Percent of births paid for by Medicaid
- Percent of births to women receiving late or no prenatal care
- Percent of out-of-wedlock births

These nine indicators were used to rank zip code areas which had 100 births from 1996 to 1998 for women between 15 and 44. An average score was then calculated from the nine scores. Using the average score, the zip codes were further ranked into quartiles for New York City and the top four deciles of upstate zip codes were mapped by borough and region, respectively (see Exhibit B). Maps showing target areas in the State were then developed using this information (see Exhibit C).

Additional zip code based analyses of syphilis and gonorrhea rates for women 15 to 29 were used to characterize communities with high rates of sexually transmitted diseases. These communities were ranked and the top four quartiles were overlayed on the map of upstate communities at high risk for poor birth outcomes (see Exhibit D).

It is the State's intent to target family planning outreach to these communities.

C. Eligibility for Family Planning Expansion Program

1. Assessing Eligibility

Consistent with the Family Planning Expansion Program legislation, individuals who meet the following criteria are eligible for enrollment in the Program:

- Women and men with family incomes at or below 200 percent FPL, regardless of resource levels, who are not otherwise eligible for Medicaid due to income and resource levels.
- Teens (individuals under 21 years of age) with incomes at or below 200 percent FPL, regardless of resource levels, who are not otherwise eligible for Medicaid, based upon their own income and resources (if applicable).

Individuals must also meet the following criteria to enroll in the Family Planning Expansion Program:

- Permanent resident of New York State
- Resident of the United States who is a citizen or an eligible qualified alien pursuant to Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).
- Not eligible for Medicaid (or Family Health Plus, when available), based on income and resources.

The eligibility review process will involve determinations for both Medicaid/Family Health Plus and the Family Planning Expansion Program. A simplified application will be developed for this purpose. The local social services districts will make the determination about whether the applicant qualifies for Medicaid (or Family Health Plus) under current rules, and, if not, whether the applicant is eligible for the Family Planning Expansion Program. Persons who qualify for another Medicaid program will be enrolled in that program, all of which provide coverage for family planning services.

New York State is requesting a waiver of any applicable statutes and regulations to accommodate these eligibility standards, and provide federal financial participation for these groups.

2. Income and Resources

Income eligibility for the Family Planning Expansion Program will be determined on the basis of the applicant's net income. There are no resource requirements for the Program. However, asset information will be collected in order to screen for eligibility for Medicaid. If the total assets declared by the applicant exceed the asset limits allowed by Medicaid, asset documentation will not be required

and the applicant will be evaluated for Family Planning Expansion Program eligibility. Teens at or below 200 percent FPL will be eligible for this program based on their own income.

Income verification is required for the Family Planning Expansion Program. If the reported income is below the Medicaid income standard, the individual/family will be encouraged to apply for Medicaid. Applicants will be informed that if they apply for a traditional Medicaid determination, additional information will be required to complete that determination process

Waivers are requested, as necessary, to implement the lack of a resource limit in the Family Planning Expansion Program.

3. Non-Financial Requirements

Applicants for the Family Planning Expansion Program will be asked to provide the following information when appropriate:

- verification of age, identity, and residency
- verification of citizenship/alien status

4. Other Medicaid Standards

a. Eligibility Duration

It is the Department's intent to have eligibility for the Family Planning Expansion Program be for a two-year period unless there is an increase in income to a level in excess of 200 percent of the federal poverty level or if there is a failure to comply with other eligibility requirements, e.g., state residency requirements. If recipients are still eligible at the end of two years, they must recertify for continued coverage.

b. Retroactive Coverage

Retroactive coverage will be available, as in the current Medicaid program, for the three-month period preceding the month of application for family planning services, if the recipient was eligible in the months in which the care and services were provided.

c. Confidentiality

Confidentiality is of primary importance to the provision of quality family planning services. Family planning services are provided in a strict, confidential manner to all recipients. To preserve confidentiality, the

Medicaid application allows minors, and other individuals who have concerns about confidentiality, to designate an alternate mailing address, if necessary.

d. Fair Hearings

The State and local social services districts in accordance with federal and State requirements will handle appeals regarding the Family Planning Expansion Program. The current system of fair hearings will be extended to Family Planning Expansion applicants/recipients to ensure that they are treated in a fair and equitable manner. Appropriate client notices will be sent.

e. Enrollment Assistance

The Department's Office of Medicaid Management and the Bureau of Women's Health will work with local social services districts to assist recipients in enrolling in the Program. It is the Department's intent to promote the use of local county health departments, publicly supported family planning clinics, and Prenatal Care Assistance Program (PCAP) providers to assist clients in completing the simplified application at initial enrollment. All applications taken at these sites will be forwarded to the local social services district for final eligibility determinations.

Additionally, the Office of Medicaid Management will interface with sister agencies that are providing programs to this population and enlist their involvement in informing clients of this program and/or assisting in the completion of the application. Client notices will be developed to appropriately inform applicants of their eligibility status for family planning.

D. Recipient Outreach Efforts

New York State's objectives for outreach for the program include the following:

- Ensure eligible individuals who are terminated from Medicaid or Family Health Plus are aware that they can retain eligibility for family planning services. *
- Ensure that individuals not otherwise eligible for Medicaid due to income and/or resources are aware that they may be able to obtain family planning services through the program. *
- Ensure that individuals in communities in need of family planning services are aware of the program.

* When individuals are denied or terminated from Medicaid and/or Family Health Plus, an exparte determination will be done to determine their eligibility for enrollment in the Family Planning Expansion Program.

The New York State Department of Health will coordinate efforts to inform individuals and organizations statewide about the availability of the new Family Planning Expansion Program (see Exhibit E).

The Department will conduct an outreach campaign designed to reach communities in need of family planning services. The campaign will include bus and subway advertisement posters and printed material to increase public awareness of the program. The Department will ensure that culturally sensitive materials will be available and that translation services will be provided, as appropriate, for individuals with Limited English Proficiency. All materials will include the Department's toll-free Growing Up Healthy hotline where individuals can obtain information on benefits and eligibility for the program and referrals for services, seven days a week, twenty-four hours a day.

Males will also be targeted through outreach and community education utilizing the following techniques:

- Encouraging partners to become involved in family planning issues/reproductive health care;
- Utilizing male counselors as educators and peer counselors;
- Conducting community outreach through health fairs, schools, parent/teen workshops, and retreats;
- Developing educational materials specific to encouraging male involvement in reproductive health care.

The Medicaid Program will notify all Medicaid providers, including managed care organizations, of the eligibility and benefit requirements of the Family Planning Expansion Program through its standard transmittal process. In addition, local health officers will be notified of the program in meetings and correspondence.

The Department will provide statewide training related to this program. This training may include regional train-the-trainer institutes in a variety of locations in the State; a satellite video teleconference that will be downlinked and broadcast to sites statewide; and, the development, production and distribution of instructional video tapes and supporting curricula to be used at train-the-trainer institutes and in other venues. The goal of the training initiative will be to support the effectiveness of a variety of professionals, primarily staff responsible in state and local agencies and provider organizations for client outreach and enrollment into the program.

The Department will work with existing service programs, including those in other State agencies, to publicize the availability of family planning services under the expansion. Programs that will be involved in this effort include family planning, prenatal care programs, perinatal networks, nutrition programs, Healthy Start, home visiting

programs, HIV-related service programs and substance abuse and homeless programs.

E. Standards/Quality Assurance

All publicly supported grant funded family planning agencies are required to adhere to Title X standards and rigorous clinical and administrative standards that are nationally recognized (see Exhibit F). These standards ensure that consistent, high quality family planning services are provided across the State.

At the family planning agency level, quality assurance measures are established and maintained according to Title X Guidance for Internal Quality Assessment (IQA)). Consistent with IQA Guidance, program quality is viewed in terms of accessibility, comprehensiveness of services, continuity of care, efficiency and patient participation. Services are required to be described in a policy and procedure manual and must be provided under the supervision of a qualified medical director with experience in family planning.

Each family planning agency's medical director is responsible for ensuring that clinicians provide care according to appropriate medical practice and clinical guidelines. In addition, since these programs are operated in licensed Article 28 facilities, they are reviewed for compliance with the New York State regulations governing the operation of diagnostic and treatment centers (10 N.Y.C.R.R. Part 751), including quality assurance (10 N.Y.C.R.R. section 751.8).

All family planning agencies provide clients with a Patient Bill of Rights. Clients are surveyed, formally and informally, regarding the delivery of services. Family planning agencies utilize client feedback to institute changes. Each family planning agency has a Program Review Committee that consists of representatives of the population served health care delivery and administrative staff, which meets at least quarterly to review the quality of the program.

These components are also integrated into monitoring completed by Department of Health regional staff every three years. Regional staff observes clinic operations, review policies and procedures and minutes of the family planning agency's Patient Care Review and Program Review Committees and perform chart audits.

Other providers participating in this program will be required to provide services in accordance with their scope of practice and generally recognized standards of care.

F. Scope of Program Benefits

Family planning services are those health services designed to enable individuals, including minors who may be sexually active, to prevent or reduce the incidence of

unintended pregnancies and to promote their reproductive health. The Family Planning Expansion Program will provide coverage for all family planning services which are eligible to 90 percent federal financial participation.

Family planning and reproductive health care services must be provided in accordance with New York State regulations, 18 N.Y.C.R.R. Section 505.13 (see Exhibit G) with the exception of abortion services which are not covered. These services include the following benefits:

- Pregnancy testing and counseling
- Reproductive health information, education and counseling services, including individual or group counseling related to pregnancy and STD/HIV risk reduction, family planning options, informed consent and free choice
- Medical family planning services that are in keeping with current standards of practice and are provided in a family planning setting, including:
 - ◆ All FDA approved birth control methods, devices and supplies, including emergency contraception, insertion/removal of an intrauterine device or Norplant, and injection procedures involving pharmaceuticals such as Depo Provera
 - ◆ A comprehensive reproductive health history and physical examination, prevention and treatment of STDs and other genito-urinary infections, screening, related diagnostic testing, ambulatory treatment (including colposcopy), and referral as needed for treatment of dysmenorrhea, cervical cancer or genito-urinary abnormality/pathology, identified in family planning services
 - ◆ Screening, related diagnostic testing, ambulatory treatment and referral as needed for treatment for conditions impacting upon contraceptive choice, including anemia, glycosuria, proteinuria, dyslipidemia, hypertension and breast disease
 - ◆ HIV counseling and testing
 - ◆ Emergency services directly related to the contraceptive method and follow-up
 - ◆ Male and female sterilization provided in accordance with 18 N.Y.C.R.R. section 505.13(e).
- Preconception counseling and preventive screening in the context of providing a continuum of services to family planning clients, including:
 - ◆ Review of reproductive and obstetric history
 - ◆ Counseling and education regarding healthy lifestyles, including nutrition, smoking cessation, the avoidance of alcohol and other drugs, immunization and domestic violence and other psychosocial issues
 - ◆ Screening for conditions impacting upon healthy pregnancy, including hypertension, anemia and diabetes and genetic screening (family history screening only) with referral for other care as indicated

- ◆ All diagnostic tests, pharmaceuticals, and supplies related to the provision of the above services.

Providers of family planning services and reproductive health care must comply with all of the requirements in Sections 17 and 18 of the New York Public Health Law and Parts 751 and 753 of Title 10 N.Y.C.R.R. relating to informed consent and confidentiality.

Waivers are requested, to the extent necessary, of any applicable statutes and regulations needed to provide this focused benefit package.

G. Provider Network

It is anticipated that New York's publicly funded family planning clinics that are supported through a combination of State and federal funds will be a primary source of services under this expansion. These clinics are run by a variety of service providers, including Planned Parenthood affiliates, hospitals, local health departments and community-based health centers. There are currently 63 publicly supported agencies providing services at 224 clinic sites. Clinics are located in every county of the state and are highly accessible. (see Exhibit H for clinic maps.)

Individuals eligible to participate in the program will have the freedom to choose any qualified provider participating in the Medicaid program authorized by law, regulation and/or scope of practice to provide family planning services. This may include hospital-based and freestanding clinics, including federally qualified health centers or rural health centers, obstetricians/gynecologists, family practice physicians, nurse midwives, nurse practitioners, pharmacies, and laboratories. Upon enrollment and certification as Medicaid providers, these providers may bill Medicaid based upon their scope of practice.

The Department of Health will develop materials to disseminate information regarding the new Family Planning Expansion Program, including: provider notices and updates to the appropriate provider manual, articles in the Department's Medicaid Update describing the new program and enlisting provider participation.

H. Reimbursement

The New York State Medicaid Program operates primarily as a vendor payment program. Generally, New York State makes direct payments to providers who participate in the Medicaid Program using the Medicaid Management Information System (MMIS). Providers must accept the Medicaid reimbursement level as payment in full. All enrolled providers who render family planning services under the Family Planning Expansion Program will be reimbursed on a fee-for-service basis at the current Medicaid reimbursement levels for family planning services upon submission of claims for eligible recipients.

As part of this waiver, the State of New York seeks HCFA's approval of 90 percent FFP for services rendered under this program in accordance with section 1903(a)(5) of the Social Security Act.

The use of the State's MMIS system provides the program with a high level of program integrity. The MMIS edits program claims for correct eligibility, procedures, and payment information, insuring that only legitimate claims are paid.

IV. PROJECT ADMINISTRATION

The Department of Health is the single state agency responsible for administration of the Medicaid Program. Overall management of Medicaid and the State's interaction with federal and local governments, health care providers, and Medicaid recipients are the responsibility of the Office of Medicaid Management (OMM) within the Department of Health. The Family Planning Expansion Program, therefore, will be managed by OMM with assistance from the Bureau of Women's Health within the Center for Community Health, both of which are part of the New York State Department of Health.

As the Office within the Department of Health which is responsible for the administration of the Medicaid program, OMM will have major responsibilities for managing the Program; including:

- Oversight of Title XIX policies and procedures
- Guidance to individuals seeking information about the Program
- Developing systems changes to ensure appropriate eligibility determinations
- Provision of data for programmatic and budget neutrality analyses
- Provision of technical assistance to providers related to billing and reimbursement

The Bureau of Women's Health has responsibility for the Department's programs related to reproductive and perinatal health and violence against women. The Bureau of Women's Health will coordinate with and assist OMM in implementing the Family Planning Expansion Program in the following areas:

- Development and dissemination of communications and materials related to this program
- Development of an outreach campaign
- Oversight of grant funded clinics implementing this program
- Internal and external coordination with other programs that can disseminate information regarding this program
- Development and implementation of training
- Development and dissemination of standards
- Program evaluation

In addition, the Bureau will coordinate with regional Department staff providing technical assistance and evaluating the performance of the program at the local level.

V. PROGRAM EVALUATION

Program Goals and Objectives

A comprehensive evaluation of the impact of the Family Planning Expansion Program will be done annually based on existing Department of Health data systems which include: Medicaid Claims; the Pregnancy Risk Assessment Monitoring Survey (PRAMS), which surveys a sample of upstate residents who give birth; the Family Planning Program Data Management System, which is an administrative database of client characteristics and service utilization among family planning clients, and New York State Vital Records. The effectiveness of the program in achieving the stated goals will be assessed through analyses of these data.

The following goals and objectives are the same as or consistent with national goals established in Healthy People 2010:

Goal

The primary goal of this demonstration is to avert unintended pregnancies, including those that are unplanned or mistimed, in the population being served in the demonstration

Objectives

- I. Increase access to publicly funded family planning services for low-income residents of the State.
- II. Increase access to publicly funded family planning services for underserved communities and populations, including teens, racial/ethnic minorities, the homeless, substance abusers, the disabled and others.
- III. Reduce the proportion of births occurring within 24 months of a previous birth in the demonstration population.
- IV. Decrease Medicaid costs associated with unintended pregnancies, including costs for abortions, prenatal and delivery and pregnancy-related services and the first year of life, including newborn costs, for the child.

The impact of the Family Planning Expansion Program on the goal of reducing unintended pregnancies among the demonstration population will be assessed by an evaluation of the stated objectives. In addition to measuring progress in meeting the

objectives, these data may also be used to examine other areas where the program is expected to have an impact, such as:

- Whether there was a reduction in the pregnancy rate among the Medicaid population. The pregnancy rate among Medicaid clients will be calculated as the number of pregnancies per 1,000 fee-for-service eligible clients. Using Medicaid Claims data, pregnancy rate trends among Medicaid clients will be monitored.
- Whether there was increased male involvement in pregnancy prevention and family planning efforts. In 1999, 8,519 male clients 15 or older were served in family planning clinics in New York State. The Family Planning Program Data Management System will be used to monitor trends in male enrollment and utilization of services.
- Whether there was an increase in the use of effective contraceptive methods, and awareness and availability of emergency contraception among clients receiving publicly funded family planning services.
- Whether improved reproductive health was promoted through increased utilization of screening and treatment services defined in the demonstration benefit package.
- Whether a reduction in adolescent pregnancy was observed.

VI. BUDGET NEUTRALITY

The following assumptions demonstrate the estimated cost avoidance generated by the Family Planning Expansion Program and outline the expected cost of services without the waiver to implement the program.

1. In New York State, there are approximately 445,000 women of child bearing age (ages 19 – 44) who have incomes between 100 percent and 200 percent of the federal poverty level.
2. Approximately 34 percent of women enrolled in Medicaid use family planning services. This utilization rate exists, however, when individuals are eligible for the full Medicaid program. A lower utilization level is expected when only family planning services are covered.
3. It is estimated that a minimum of 3 percent of the eligible population will enroll in the Family Planning Expansion Program. This would result in 13,440 women likely to use family planning services under this waiver.
4. The annual cost of family planning services per person is approximately \$305 (based on the Medical Assistance Reporting System, MARS). For 13,440

individuals, the total annual cost of family planning services under this waiver is approximately \$4.1 million, with a \$3.7 million federal share.

5. Based on the midpoint of percent of Medicaid eligible and general population women having either a full term delivery or an abortion, approximately 15 percent of women of child bearing age will become pregnant.
6. If 15 percent of the 13,440 women likely to use family planning services under this waiver instead become pregnant, there would be approximately 2,016 births per year of which 60% or 1,210 births are unplanned.
7. The annual cost of prenatal care, birth and delivery per person is approximately \$11,354 (based on the Surveillance and Utilization Review Reporting Systems, SURS).
8. For 1,210 births, the total gross annual cost of prenatal care, birth, and delivery services would be approximately \$13.7 million with a \$6.9 million federal share.
9. If those births are averted, the total annual federal cost avoidance as a result of services provided under this waiver would be approximately \$3.2 million as summarized below:
 - Federal share of the cost of prenatal care, birth, and delivery for 1,210 births \$6.9 million
 - Less: Federal share of the cost of providing Family planning services to 13,440 women - 3.7 million
 - Federal cost avoidance as a result of the NYS Family Planning Expansion Program \$3.2 million
10. It should be noted that Federal cost avoidance will proportionately increase as the percentage of eligible recipients participating in the program increases.

TABLE OF EXHIBITS

EXHIBIT A	CHAPTER 57 LAWS OF 2000
EXHIBIT B	VITAL STATISTICS RISK INDICATORS
EXHIBIT C	HIGH RISK ZIP CODES
EXHIBIT D	COMBINED GONORRHEA AND SYPHILLIS RATES FOR ADULTS 15-29
EXHIBIT E	FAMILY PLANNING EXPANSION OUTREACH PLAN
EXHIBIT F	TITLE X
EXHIBIT G	18 NYCRR 505.13
EXHIBIT H	STATEWIDE FAMILY PLANNING CLINICS MAP

